



## **RAPID ASSESSMENT REPORT**

**AHWAR RECEPTION CENTER AND MAYFA RECEPTION CENTER**

**YEMEN**

**11<sup>th</sup> -14<sup>th</sup> October 2008**



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## **Executive Summary**

This report summarizes the outcome of a rapid assessment of the Ahwar reception center and Mayfa reception center, the entry point of al- Irqa and the village of Bir Ali carried out by one INTERSOS team between the 11<sup>th</sup> October and the 14<sup>th</sup> October 2008.

The objective of the rapid assessment was to identify the protection gaps in delivering assistance to the new arrivals since their landing to the Yemeni coast, the first assistance on the beach and the identification of the most vulnerable and at risk among the new arrivals, as well as the management of the reception center. It has been gathered protection related information and it has been assessed fact related to the safety and security.

The objectives of the rapid assessment:

- a) gather protection related information connected to the identification of the most vulnerable new arrivals and evaluate possible self reliance activities.
- b) identify the gaps on the protection situation on the new arrivals.
- c) gather information on the response of the local community on the massive new comers.
- d) identify possible protection intervention.

Although this was a protection assessment, discussions on self reliance, wat/san, health, access to basic services and humanitarian assistance were unavoidable.

As reported in other assessments, lack of psychosocial assistance has been identified as well as a poor screening of the most vulnerable among the refugees.

The lack of timely response at the entry points in terms of food, water and medical assistance and logistic measures resulted to be one of the main constraint in the assistance delivering to the new assistance.

Strong coordination mechanism among the actors, included security forces and host community is not addressed: the referral system needs to be strengthen in order to better monitor the refugees with special needs from the reception centers till Kharaz camp.

The majority of the new arrivals will anyhow remain without protection: the movements and the special vulnerability of those who decide not to be transported to the RCs and then to Kharaz will never be monitored neither reported and followed up by the international community: they can all to be considered invisible refugees.



### **Introduction**

The recent upsurge in people smuggling across the Gulf of Aden from war-torn Somalia brought so far, according to UNHCR statistics, the new arrivals from January till end of September 2008 to 31,192 people, that have arrived in Yemen after making the perilous voyage aboard smugglers' boats. They include 21,201 Somalis and 9,854 Ethiopians. More than 228 people have died and at least 262 remain missing.

Frequently the motivation for leaving are mixed: during the Focus Group Discussion with the male refugees in Mayfa, the majority of them stated that the main reason for departure was the indiscriminate violence of the government against the young male forced to recruit themselves to fight with the government forces. UNHCR staff reported that since the migration season started again in September, after the lull from June to August due to the rough sea for the monsoon season, the majority of new arrivals, around the 70%, are young single male from 17 till 35 years old. The poverty and the lack of works are mentioned as other reasons for leaving: almost all the Somali refugees interviewed reported Saudi Arabia as the final destination of their journey.

The average number of children for boat is around 10, but very few are unaccompanied children, normally the children are coming with parents or relatives. The elderly are the 2% of the new comers, only one or two per boat.

After arriving at the shore, refugees are taken by UNHCR's implementing partner SHS (Society for Humanitarian Solidarity) to either Ahwar Reception Center (ARC) or Mayfa Reception Center (MRC). For all the entry point from ARC till al-Hawrah MSF joins SHS staff in order to provide medical assistance and distribution of cloths. For the other entry points of the coast SHS is intervening alone and there is no provision of medical assistance: the SHS doctor of Mayfa Health Center is called just for very urgent cases.

MSF and SHS have set up an alert system network: focal points deployed along the coast, among them members of the local community, of the security, coastal guards and staff, are alerting the two NGOs in case of sighting of boats. During the assessment Intersos team joined SHS in the rescue operation at the entry point of al-Irqa.

The security forces and some members of the local community were already present at the beach to rescue the new arrival, however, tension has been reported between them. The host community was complaining that the agencies are always delaying in delivering assistance: always it is up to them to first rescue the refugees and provide water and food. Nothing in return is provided for the host community by the agencies such as materials and goods.

It also happened to the assessment team to come across 6 Somali women taking rest along the road next to a check point: they landed during the night but, because of the hunger they decided to start walking looking for food. The soldiers of the check points shared with them their daily bread and alerted SHS of their presence. The situation exposed them to high protection risks.

At the coast SHS is distributing high energy biscuits, in kind from WFP, water, and sometimes also fresh dates. The refugees are then transported by track to the nearest RCs which are only transit centers: the refugees will spend there maximum 3 days to recuperate from the journey, are provided with initial assistance and registered by DRC, before being taken to Kharaz camp, only the refugees who are willing to be transported there. The rest are moving to Aden or other location autonomously.



### **Methodology and Tools**

One assessment team composed by two INTERSOS international staff members with three INTERSOS national staff have been visiting Ahwar reception center, Mayfa reception center and different localities along the coast. The assessment has been carried out from October 11<sup>th</sup> to October 14<sup>th</sup> 2008.

The following methods were used to carry out the assessment exercise:

- meetings and sharing of information with other NGOs and IPs
- meetings with the local authorities (General manager of Governorate, Security, Marina forces)
- meetings with the representative of local services (health center Ahwar)
- FGD with refugees in Mayfa
- visits on villages (Mayfa Hagar, Bir Ali)

- visit to al- Irqa entry point.

**Tools used**

Three tools were used in this assessment.

- a) Assessment checklist
- b) Interview guide for FGD with refugees
- c) Matrix for violation

It is to be pointed out that during the focus group discussion relevant concerns are raised and the possible relationships between these topics and the issues, become the basis for more specific questions which do not need to be prepared in advance. A good number of questions were created during the interview, allowing both the facilitator and the group the flexibility to probe for details.

**Indicators reference:** Sphere Project on Minimum humanitarian standards in disaster response

**Geographical reference:** the assessment has been conducted in the following villages and sites and surrounding areas:

Site/Village	Satellite reference
Ahwar	
Balhaf	
Mayfa	
Bir Ali	N14°02'506' – E048°35'389'
Mayfa Hagar	N14°10'979' – E048°70'819'



## SUMMARY OF MAIN FINDINGS

### PROTECTION NEEDS

#### **Registration**

In the RCs DRC is carrying out the Registration: UNHCR handed over the registration process to DRC during the second week of September.

During the Focus Group Discussion male refugees stated to be aware of the importance of the registration: apparently a big exchange of information is going on in Bossaso among the migrants waiting to leave to Yemen, but, at a more accurate investigation, we could verify being them not reliable information. Refugees in Mayfa declared not to be given adequate information about the next steps and the possibilities open to them, highlighting that if choices of education and job opportunity would be provided to them in Yemen, they would renounce to move to Saudi Arabia and Gulf countries, where high is the possibility to be arrested and deported. The registration is quite a challenge in regard to the non Somali new arrivals: they tend to escape at the shores as soon as they arrive, afraid to be deported, therefore is not always easy for UNHCR to register them and proceed with RSD. Usually the Ethiopians are willing to reach the city of Ataq, where they are gathering to move to Sana'a. Very few Ethiopians are remaining in Aden Governorate.

Recently the GoY adopted a strict policy of arresting Ethiopians with the aim of deportation, either registered with UNHCR or not. Last week GoY arrested 57 Ethiopians who have been transported to Kharaz camp along with threatening UNHCR and its IPs staff. This issue was solved with the Ethiopians transferred to detention along with guarantees that UNHCR will have access to conduct RSD interviews before any deportation takes place. Along as the arrest policy will continue UNHCR decided that no Ethiopians new arrivals must be transported to Kharaz camp because they will be there arrested.



## **Psychosocial counseling and referral**

In the two reception centers new arrivals are staying maximum 3 days unless they are in need of health assistance, therefore, lack of time in identifying the most vulnerable among them is the main concern. Female in particular find it hard to express their psychosocial constraints still disturbed from the dangerous journey they have been through across the Gulf of Aden.

During a Focus Group Discussion conducted with 11 new arrivals Somali women, the majority of them declared their aim to travel to a third country such as Saudi Arabia to work there as cleaners, however they don't have any specific plan on how to afford the long journey to cross the Yemeni border. Most of them stated not to be afraid of undertaking the journey since they will move in group and help each other. 3 of them were single women below the age of 18. Most of the others were divorced or abandoned women. Only one woman arrived with her 3 children. None of them had any close relation with Somali in Basateen and in Kharaz.

The group showed not to be informed about the services available in Kharaz camp and in Basateen urban area such as education, recreational activities, medical and psychosocial assistance. They stated with confidence that once they will be in Kharaz they can surely rely on the support of the Somali community.

Few unaccompanied minors have been identified as well as elderly. In ARC a Focus Group Discussion conducted with 3 Ethiopians below the age of 18 revealed their eager to leave the RC as soon as possible, in order not to waste time: they were willing to move to Saudi Arabia during this month considered favorable for crossing the border. Lack of awareness on the importance of the registration was also reported among the young Ethiopians.

At the two RC there are not recreational activities such as games, focus group discussion, awareness session organized in a friendly manner for children and youth, as well as there is not special consideration for persons that have lost their relatives or close friends. Children and refugees in general should have more attention and support at the RCs for better identify cases that are in need of further individual care.

In ARC MSF is in charge of the detection, prevention and management of psychosocial problems although they stated that a well-established referral mechanism with other key actors working for the refugees in Kharaz camp and Basateen urban area has not been set up yet.

In MRC, lack of psychosocial activities have been reported: although for most of new arrivals psychological pain is only due to the socioeconomic constraints, a presence of psychosocial team will better identify the most vulnerable among them.

The health center staff doesn't have the specific expertise to address psychosocial needs of the new arrivals. The referral mechanism to the main key actors working in Kharaz and Basateen urban area is not immediate and efficient as the vulnerable case will be directly submitted to UNHCR field staff in Kharaz camp and Basateen and then referred to the IPs providing services, causing a time-

consuming in referring the cases. Moreover, lack of case management starting from the reception centers will not ensure that vulnerable people are monitored and receive adequate assistance.

Few cases of Sexual Gender based- violence have been reported during the last months. Women or children tend not to report those facts since they are not ready yet to discuss those issues in an environment that is totally new for them. However, the lack of SGBV counselors should also be considered as one of the factor that determined SGBV cases not to be identified and assisted appropriately.

## GENERAL FINDINGS

### **Shelter and Non Food Items**

Mayfa Reception center is located 1 km far from the main road and nearly km far from the coast. It has 21 rooms in the male section and 11 rooms in the female section, for a total capacity of 600 people. In normal condition each room is hosting 16 refugees but in the crowded period refugees are sleeping also outside. Both the male and the female sections are provided with a shelter where refugees gather themselves waiting to be registered and for the meals. The building of new rooms is not the solution for the overcrowding of refugees: registration process need to be speed up in order to clear the backlog due to the length of the interviews.

It has to be pointed out that during the day of the assessment the guest were 150, but only few were present. At the question where all the refugees were going, UNHCR staff answered that during the day they are used to move to the village, in the market.

The center, according also to refugees, is safe from external threats. During the night the female section is been guarded by one SHS staff. Women are encouraged to be back to the center by 06:00 pm and, mostly, are respecting the suggestion. The cleanliness of the center is guaranteed by 6 male member of SHS.

SHS are distributing temporary NFIs as mattress and blanket that the refugees return the day they leave to Kharaz camp, while other NFIs like cloths and soap remain with them. No other NFIs are distributed and the SHS staff pointed out the need to have more cloths, specially for women, because the majority of the refugees arrive in terrible conditions, almost naked, after the perilous journey through the Gulf of Aden. Mosquito nets are not distributed: according to SHS there is no danger of malaria but they regularly spread insecticide.

During the FGD the refugees confirmed that the center is clean, that there is enough space for all the people let free to choose where to sleep.

In ARC only tents are available: at the time of the assessment 6 in the male section and 15 in the female section. The tents were empty: refugees stated that this kind of tents are not right for the climate of the region: they preferred to sleep outside, under the hunger. Somali and Ethiopian were separating each other in the two hungers. Another hunger is set up as reception area waiting the registration. UNHCR is planning to build rooms as in MRC.



## **Food**

The refugees are provided by SHS with high energy biscuits and water as soon as they arrive at the coast. In the reception center they receive 3 cooked meals per day: breakfast with cheese sandwich and tea with milk, lunch with rice, fish and salad; dinner with bread, beans and read tea. Usually refugees are not complaining by the quality or quantity of the food. Additional feeding is foreseen for children, pregnant women and sick people, according to the prescription of the doctor.

WFP is providing rice, flower, oil, sugar and beans. The rest is provided by SHS.

Refugee claimed that food is of good quality but not enough in quantity. They asked to increase the quantity of bread, rice and fish.

## **Health**

In Mayfa SHS is managing the small health center inside the reception center. One doctor and 2 health assistants (male and female) are deployed. The health center is composed by one small clinic room, one admission room and one pharmacy. SHS is also running an emergency health center in Balhaf for first aid assistance for refugees with 1 male doctor deployed.

The health center in the reception center is following the health cases once they arrive into the reception center. They rarely go to the coasts, just on call for urgent cases. No SHS medical staff is present at the entry point, as MSF is doing for the entry points in Abyan governorates. Most of the cases followed at the health center are related to body hake, skin diseases, dehydration. The most critical cases are referred to the hospitals of Azan and Mukalla or directly referred to Kharaz as in case of TB. The average period of admission in the health center is four days.

The pharmacy is provided with first aid drugs but strong analgesics are not provided by UNHCR and SHS is obliged to purchase it in the market.

The doctor reported that are mainly the men refugees in need of health treatment, the 26% of the total new arrivals, being usually beaten by the smugglers during the trip, while women are mostly affected psychologically by the journey.

In ARC MSF is running the emergency health center where medical and psychosocial care are provided<sup>1</sup>.

### **Water and Sanitation**

In MRC the water for drinking and non drinking purpose is assured 24h per day through the local water system. The drinking water is treated with chlorine and every three months water test are being made.

12 toilets are available in the male section and 6 in the female. The toilet and the shower are in the same room. The average access for each latrines is about 6 refugees. Soap for body washing is distributed to the refugees the first day. Latrines are clean and well maintained.

Separate place for washing clothes is available both in the male and in the female sections.

The garbage is collected daily and transported outside the village to be burned.

In ARC the water is provided by tanks and is chlorinated.

16 toilets and 16 showers are available in the male section, while 16 toilets and 8 showers are available in the female sections.

The garbage is collected every 2/3 days and transported by tracks outside the village to be burned.

### **Self reliance**

- Majority of the new arrivals are non skilled while the remaining are semi-skilled, the team met 50 refugees in Mayfa of which only 5 were semi-skilled, 2 of them were drivers.
- Most of the new male arrivals in Mayfa camp wished to be trained in certain vocations either to find jobs in Yemen or to travel to Saudi Arabia.
- Majority of the new arrival cannot speak Arabic Language.
- Most of the female refugees are older than the male, minority of them who are young wishes to be trained in tailoring.

### **Refugees' dead bodies**

The issue of the refugees' dead bodies has been raised by all the actors met during the assessment. The General Manager of Abyan Governorate stated that the community itself is burying the body of the victims in makeshift graves, directly in the beaches, being afraid that they will be vehicle of diseases. The General Manager under lighted that this is not an appropriate solution, both because in this way the security forces don't have the possibility to investigate and identify the bodies and often the dogs are digging the holes, bringing the bodies on the surface.

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<sup>1</sup> For more details of the activities of MSF in ARC see MSF report "NO CHOICE: Somali and Ethiopian Refugees, Asylum Seekers and Migrants Crossing The Gulf of Aden", June 2008.

The detective of the Bir Ali security reported that for the investigation on the dead refugees is necessary to take picture of them, but no cameras are available and the security has to borrow it from the petrol company.

Three appropriate locations in Abyan, Shabwa and Hadramout Governorates have been already identified by the government as cemeteries: according to UNHCR a mobile burial team will be established, comprising two national staff and one truck equipped with a mechanical shovel. The mobile team will be operating in the three Governorates. Upon receiving authorization from the Governor and the local police, the team will collect the bodies washed ashore by the sea and bury them in the designated area in each of the Governorates. At the time of the assessment no action was taken yet.



### **Safety and Security**

The meetings with the security forces, the army and the marina forces highlighted one main issue: the lack of coordination and communication among all the actors involved in rescuing the new arrivals along the coast. No network of information sharing has been set up and the different forces are acting independently. The colonel of the Marina Forces in Bir Ali, responsible of the coastal guards, explained that the main duty of the marina is to arrest the smugglers: when a Somali boat is sighted of, the marina forces are only observing it till it will reach the shore. They are not trying to catch it or shouting at it to avoid to harm refugees to which smugglers usually tied up feet and legs with ropes. The marine forces will intervene once the boat has landed and the refugees are safe disembarked. According to the colonel, the forces are able to capture the 50% of the smugglers that will be then deliver to the security forces for further investigation and arrest.

The colonel reported that the coastal guards are only committed to assure the security of the petrol and the gas companies in Balhaf and that are no involved in rescue the new arrivals.

The meeting held with the detective of Bir Ali security emphasized the lack of coordination between the security forces and the international community. The detective stated that the habitants of the villages are used to inform the security forces when Somali boats are approaching the shore, underlining the lack of timely response of the humanitarian organization that often delay on the distribution of water and food. The officer stated those following recommendations:

- Provision to the security personnel of additional boats to rescue the refugees since often they have to swim to rescue the new arrivals.
- Provision of additional cars to be used for monitoring the coast since most of the time the 5 cars available are busy for escorting tourists.
- Setting up small shelters for first assistance at the New Arrivals entry points already identified.
- Organize workshops on refugees Somali situation and refugees law in general for the security personnel that deal with the refugees on a daily basis.

It came to the attention of the assessment, through the discussions with the low grade army and security soldiers at the check points, that they don't have a clear picture of the reasons behind the departure of refugees from Somalia, as well as the concept of refugee, the rights of the refugees and the policy of the GoY versus refugees and asylum seekers. The majority of the soldiers were absolutely sure only of the fact the refugees are vehicle of HIV-AIDS.

### **Relationship with host community**

Upon arrival, refugees in Yemen are given a stark choice: either be taken to the Kharaz refugee camp in the middle of the desert or make it on their own in Yemeni cities. Many of them choose not to go to Kharaz as they prefer to live in urban areas where there is a possibility for local integration with the host community. Many have planned to go directly to Saudi Arabia where they have relatives to joint. Others have been to Yemen and then Saudi Arabia at least once, therefore they know the roads to be taken to avoid check points and the villages where to stop, earning some money and pay the smugglers to bring them to Saudi Arabia.

The host community of some villages such as Bir Ali and Mayfa Hagar said that often they are obliged to share their already poor resources with the refugees. The inhabitants interviewed, including woman's committee representatives, sheikhs and security personnel from the host community, declared that they are helping refugees by giving them water and food, however they face several problems with the new arrivals. The local integration is a challenge due to the high unemployment rate, language barrier and lack of skills among the refugees (especially women). Refugee's women not having clan or family support end up in prostitution. Since April, according to the Bir Ali sheikh, in Bir Ali about 15 women have been withdrawn from the community due to the prostitution. Moreover, the surroundings residents close to the NA entry points complaining in general that there is lack of support from the International community such as initiatives benefiting the local population.

The lack of coordination among the actors involved in providing assistance to the new arrivals was also underlined by the Director of the Ahwar Hospital. He reported that MSF is sending refugees to

the Hospital to have routine investigation exams as x-ray and blood tests, but a case management meeting has never been set up.



## RECOMMENDATIONS

### Self Reliance recommendation:

- Assess the real intentions of the young new arrivals, trying to inform them of all the dangers related to the trip to the Gulf Countries, included the chance to be deported, providing them possibilities of education, vocational training and related job opportunities.
- Provide budget to cover all the requirements of accommodation, food, training cost, training incentives for the first month of training
- The training period is suggested to be 6 month (2 months Basic Training in Institution, while the remaining period 4 months will be practical training in Enterprises)
- Provide training activities in Aden: (the most useful in order to reach quickly a really self reliance) as well as Somali speaker trainers, or providing Arabic language lessons.
- Insert new training program for the local community of the locations of new arrivals, mainly the villages without resources like al –Irqa and Haibala.

### **Psychosocial counseling and referral:**

- Set up an effective identification system of new arrivals with special needs, including victims of SGBV, either in their country of origin or during their journey, through a risk assessment exercise, in order to immediately address the needs of certain groups with specific vulnerability, including women and unaccompanied minors.
- Recruit one psycho-social counseling mobile team (one male and two female) for new arrivals in Mayfa Reception Centre and Ahwar Reception Center. By using focus group discussions, recreational activities, individual counseling the role of the counselors will be
  - to identify new arrivals with special needs, including victims of sexual and gender-based violence either in their country of origin or during their journey, and create a physical file
  - to refer new arrivals with special needs to Intersos drop-in centers in Basateen and Kharaz where the case will be supported and assisted immediately and transfer the physical file accordingly
  - to advise new arrivals on their rights and obligations in Yemen as well as on the services provided in Kharaz camp and Basateen urban area; to facilitate their integration in Kharaz camp or Basateen urban area by helping them in tracking their relatives or close friends in Kharaz and Basateen urban area
  - to carry out mobile visit upon coordination with SHS, along the roads and close to the check points to identify vulnerable groups in need of protection.
- The psychosocial counselor mobile team will have a case management approach by prioritizing the needs of the groups with specific vulnerability and organizing the plan of the response in constant coordination Intersos drop-in centers in Kharaz camp and Basateen urban area.

### **General recommendation:**

- Increase logistic response capacity at the entry points to intervene as quick as possible in providing first assistance to the new comers.
- Ensure awareness to the security forces, the army, the coastal guards and the soldiers at the check points on the international protection principles, the rights of refugees and asylum seekers, obligations of Yemen under the international law. On-going focus group discussion about the above mention will be carry out by an outreach officer along the roads where the check points are established
- Ensure awareness to the host community on the rights of refugees and asylum seekers in order to reduce the negative public perception towards new arrivals. On-going focus group discussion about the above mention will be carry out by an outreach officer in the main villages affected by the presence of new arrivals.
- Provide assistance to the host communities through rehabilitation projects, vocational trainings and capacity building.

- Establish additional sub-locations points along the coast specially in the main entry points of al -Irqa, Haibala, Alshugeerat, Bir Ali, Mayfa Hagar.
- Set up an effective coordination mechanism, organizing regular meetings between UNHCR, NGOs, Security forces, Marines forces and local communities.

## Annex 1: Assessment Checklist

### INTERSOS YEMEN

#### YEMEN Rapid Assessment Checklist

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##### 1. General Characteristics:

1. General overview of the existing facilities
2. General overview of types of refugees/reasons for leaving and reason for choosing Yemen/ future plans  
Do families plan to stay or plan to move to another location?
3. Information of the flights
4. Statistics of new arrivals

##### 2. Health and Nutrition Status:

- a) Determine how many deaths/disappeared occurred in the past week.
- b) Determine how many children under 5 died in the same period, disaggregated by sex
- c) Determine the main cause of death for each group.
- d) Determine the crude mortality rate.
- e) Determine whether measles vaccinations have been provided. If provided, give general date of vaccinations.
- f) What is the percentage of children vaccinated?
- g) Determine the incidence of diarrhea among adults and children.
- h) Determine the most common diseases among children and adults.
- i) Determine or estimate the number of major injuries and the type of injury. Specify traumatic injuries requiring surgery or hospitalisation (for example, fractures, head injuries, internal injuries).
- j) Determine access to health services/facilities
- k) Determine access to consistent supply of essential drugs
- l) How many health workers?
- m) Determine the health referral system (counselling to refugees on health facilities in Basateen /Aden)

##### Nutrition

- n) Check nutritional indicators of food shortages by sex, such as:
- o) Signs of malnutrition
- p) Increased illness among children
- q) Has there been a significant diet change since you arrived at this site (that is, quantity, quality, type).
- r) Determine the attendance and effectiveness of supplementary and therapeutic feeding programs.

##### *SPHERE Key Indicators*

- *One community health worker per 500 – 1000 persons*
- *A central health facility – referral central for 50,000 or more people with at least one doctor with surgical skills*
- *Access to a consistent supply of essential drugs*

##### 3. Availability of Shelter and Non-Food Items

- a) What kind of shelter do the refugees have at present. Describe the type of shelter.
- b) What is the total covered area available to the refugees
- c) How many refugees are using this shelter (calculate average covered area per person)
- d) Is there an unmet need for shelter meeting SPHERE standards .... If so how much additional shelter is needed for present population?

- e) Based on admittance rate to location per day and assuming refugees will remain in this locality how much shelter will be required to meet needs.
- f) Is the site for the refugees location safe from external threats
- g) Are those locations considered to be safe for women and children?
- h) Do arriving refugees have more than one full set of clothes (the clothes they are wearing)
- i) Do families have necessary household items (1 cooking pot, water collection container (20 liters) water basin , 1 kitchen knife, 2- 4 spoons , eating plates, mugs, soap, blankets)
- j) Is there an agency that is providing NFI's
- k) How many refugees for tent?
- l) Distance between tents
- m) Condition of tents

#### ***SPHERE Key Indicators***

- *Is the IDP site located in a place safe from external threats?*
- *The site should be located at a place where adequate supplies of water are available*
- *The covered area (Shelter from sun, rain) available per person averages 3.5 – 4.5 meters*
- *People have appropriate household items(cooking pots, eating plates, mug, water containers)*
- *Each person has 250 grams of soap*

#### **4. Protection Issues**

##### *UNACCOMPANIED CHILDREN*

- a) How many UMA among the new arrival?
- b) Procedures followed for UMA
- c) Reasons behind their coming
- d) verify SGBV cases among UMA
- d) Psychosocial status

##### *WOMEN AT RISK*

- a) General overview of the new arrivals women
- b) What measurements are taking place to make environment for women safer?
- c) What measurements could be taken to increase the safety of girls and women?
- d) What would make them feel safe or want to stay in Yemen?
- e) Psychosocial status
- f) Verify response to SGBV cases and prevention activities

##### *SECURITY/ SAFETY*

- g) Who ensures law, order and security for women in the arrival areas?
- h) Determine Security procedures in case of violence
- i) Determine awareness level on refugee status

##### *MEN AND BOYS AT RISK*

- j) General overview of the new arrivals men
- k) What measurements are taking place to make environment for men safer?
- l) What measurements could be taken to increase the safety of men?
- m) What would make them feel safe or want to stay in Yemen?
- n) Psychosocial status

##### *ELDER AT RISK*

- o) General overview of the new arrivals elders
- p) What measurements are taking place to make environment for elders safer?
- q) What measurements could be taken to increase the safety of elders?
- r) What would make them feel safe or want to stay in Yemen?  
Psychosocial status

#### *MENTALLY AND PHYSICAL DISABLED*

- s) General overview of the new arrivals mentally and physical disabled
- t) What measurements are taking place to make environment for mentally and physical disabled safer?
- u) What measurements could be taken to increase the safety of mentally and physical ?
- v) What would make them feel safe or want to stay in Yemen?  
Psychosocial status

#### ***SPHERE Key Indicators***

- Individuals experiencing acute mental distress after to exposure to traumatic stressors have access to psychological first aid and health facilities in their communities

### **5. Availability of Water and Sanitation facilities**

#### Water

- a) Determine whether there is safe access to water for vulnerable groups.
- b) How many liters of water is available per person per day?
- c) Determine the source and quality of the water.
- d) How many drinking water sources are there?
- e) What kind of water sources are available, borehole, hand dug well, water station, river?
- f) How many people use each water source?
- g) Determine the length of time users wait for water. Are there long cues waiting to collect water?
- h) Do boys and girls have to travel far to get water each day?
- i) Is bathing and washing water collected here?
- j) Are there any other activities carried-out around the water source?
- k) How far is this water source from the refugees shelters?
- l) How do you store water? What kind of containers do you have?
- m) Determine who is in charge of the local water system(s) (community group, committee, and national authority).
- n) Determine the evidence of water- related diseases. Is there evidence of water- related diseases?
- o) Are there any conflicts at the water source – when refugees go to gather water?

#### Sanitation

- a) Are there any latrines available to the refugees, if so how many and at what distance from the settlement. ?
- b) What is the condition and maintenance of those latrines?
- p) Has the design and placement of latrines are affecting their use because of cultural taboos.
- q) Is there is safe access to latrines for women and girls.
- r) How many people use each latrine?
- s) Do children use these latrines? If not, Why not?
- t) What other places do people defecate?
- u) Do people use hand-washing before eating?
- v) Are people able to get soap or other washing items?
- w) How is garbage waste disposed? Are the garbage pits maintained, burned, or cleaned?
- x) Are there rats or other rodents that feed on the garbage?

#### ***SPHERE Key Indicators***

- *There is at least 1 water point per 250 people.*
- *At least 15 liters of water per person per day is collected.*
- *The maximum distance from any shelter to the nearest water point is 500 meters.*
- *At least one latrine for every 20 persons*

### **6. Food Security Status**

- a) Ascertain the effects of the “world food crisis” on actual food stocks..
- b) How many meals a day are individuals now eating?
- c) Is there enough food available to meet all the food needs?
- d) Do some refugees have less access to food than others?
- e) Have any humanitarian agencies been distributing food at the displacement site?

- f) What kinds of foods have been distributed?
- g) What is the daily ration that is distributed?
- h) Who is the food distributed to: men, women?
- i) Are all refugees equally represented at the distribution?
- j) Are people eating wild plants, roots, berries, fruits, to supplement their ration?
- k) What are the coping strategies that refugees typically use when they are short of food ?

***SPHERE Key Indicators***

- *General rations are introduced only when absolutely necessary, targeted to those who need the food most, and discontinued as soon as possible*
- *Food assistance to refugees or IDPs is based on assessment of their situation and needs, not on their status as refugees or IDPs*
- *Where there is a risk of food aid being commandeered or used by combatants in an armed conflict, measurements are put in place to avoid it fuelling the conflict*

**8. Relationship between host community and refugees**

- a) How do you term relationship with refugees?
- b) Are there any danger that you experienced?
- c) Are you aware about any incidents that have involved refugees?
- d) How is the collaboration with NGOs and UN?

## Annex 2: Interviewers guide

\*State purpose of the assessment and seek their cooperation.

\*Ask group to share their experiences and views freely.

\*Divide refugees into at least three groups. Groups should reflect AGDM. Male monitors to interview males and female monitors to interview women.

1. Where are you coming from?

2. When did you arrive?

3. How many of you were into the boat (men, women, children, elder)? How much did you pay for the journey?

4. Which kind of protection problems did you face during your journey?

5. How long did you wait along the coast before the arrival of SHS?

6. What did you receive as emergency kit along the coast? Was it enough?

7. Are you intending to stay in Yemen? If not, where do you want to move and how? What will you do in another country?

8. Are there any dangers that you experience in the reception center? What dangers specify and explain in detail? How many cases of that particular violation have occurred since your arrival?

9. Do you feel that your physical safety and security are at risk? Why and from whom?

10. What is the source of danger? Who is involved? Where does it happen?

11. Are there any different dangers for women and for men?

12. What do you worry about most?

13. Are you aware of any incidents/problems that have threatened refugees in the reception center? What are these incidences?

Access to basic services

14. Where do you get water from? Have you experienced any discrimination or other problems that hindered you from getting water?

15. Do you have toilets? Are they separate toilets for men and women? Are the toilets safe at night?

16. What happen if someone of you is sick? Which kind of treatment you received and where?

17. How is the meals you receive? How have they been distributed? In your view was it fair?

18. Do you experience harassment and intimidation since your arrival? Who harasses you? What do you think is their reason?

19. Are you aware about the services provided in Aden? What you would like to know?

20. How will you improve the assistance in the reception center?

21. What is your relationship with the host community? And the security? Etc

**Annex 3: Matrix of violation**

<b>Type of incident</b>	<b>Location</b>	<b>How many incidents during last week</b>	<b>How many incidents during last month</b>	<b>Sex of victim</b>	<b>Age of victim</b>	<b>Perpetrator</b>	<b>Additional comments</b>
<b>Physical Assault/Attack Not Resulting In Death</b>							
<b>Harassment</b>							
<b>Rape</b>							
<b>Attempted Rape/Sexual Assault (Other Than Rape)</b>							
<b>Forced Prostitution</b>							
<b>Child Abandonment (No Care)</b>							

<b>Domestic Violence</b>							
<b>Illegal arrest/ Detention</b>							